

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022148

1. Entity Name

SERVICE EXPERTS OF ORANGE PARK, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90067 028 ***150.00

Principal Place of Business

Mailing Address

170A SOUTH INDUSTRIAL LOOP
ORANGE PARK FL 32073

170A SOUTH INDUSTRIAL LOOP
ORANGE PARK FL 32073-2858

2. Principal Place of Business

3. Mailing Address

5875 Mining Terrace

5875 Mining Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 106

Suite 106

City & State

City & State

Jacksonville

Jacksonville

Zip

Country

Zip

Country

FL 32257

FL 32257



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0394876

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMRICK, JOHN M
2331 WHITFIELD IND WAY
SARASOTA FL 34243

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	EMRICK, JOHN M	4111 72ND AVENUE E.	SARASOTA FL 34243	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	NEAL, CATHLEEN	4111 72ND AVE E	SARASOTA FL 34243	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☒ Addition
	CFO	2331 Whitfield Ind Way	Sarasota, FL 34243	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)